

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: URGENT NOTICE - Grace Period Expiration and Policy Lapse Warning

Policy Number: [Policy Number]
Amount Due: [Amount Due]
Due Date: [Original Due Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for the policy listed above. Your policy is currently within its 30-day grace period; however, this period is about to expire.

Your grace period will end on: [Expiration Date]

If full payment is not received by the date listed above, your insurance coverage will **lapse**. A policy lapse means that you will no longer have insurance protection, and any claims occurring after the lapse date will not be covered.

To keep your coverage active, please make a payment immediately using one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send a check to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding your policy, please contact our Customer Service department immediately at [Phone Number].

Sincerely,

[Name/Department]
[Company Name]